

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Clara M. Johnson
3. (b) If veteran, name war no
(c) Social Security No. 486-03-0138

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased March 4 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Kansas City MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 24 yrs.

11. Industry or business J. H. Bell Tel. Co. 354

12. Name George Johnson
13. Birthplace Wardburg Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Miller
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Johnson
(b) Address 5609 Prospect

17. (a) Burial Burial **(b) Date thereof** Nov. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director W. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-6-48 **(b) Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5609 Prospect
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1948 hour 12 minute 03 A.M.

21. I hereby certify that I attended the deceased from Nov 1
_____, 1948, to Nov 5, 1948
that I last saw her alive on Nov 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Brain
Tumor of Brain
Due to (Meningioma - Benign)
Due to _____

Other conditions 56 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Meningioma of Anterior Fossa, Bilateral.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place)
(c) Means of injury Donald F. Coburn

23. Signature Donald F. Coburn **(M. D. or other)**
Address 221 Plaza Tulse Bldg Date signed 11-5-48

Duration 36 hrs 5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Doyle L. Daniel, Registered Apprentice No. 228,
working under my personal supervision.

Signed Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.